Lessons from service delivery: The nuts and bolts of providing adolescent peer support in low-resource settings


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Background

• The WHO recommends peer support for adolescents and young people living with HIV (AYPLHIV).
• Peer support enables providers, programmes and services to be more responsive, acceptable and sustainable, encouraging durability to test and remain on care.
• Overutilization of health facilities can often be attributed to the psychosocial support and services needed to provide holistic, integrated and comprehensive care to HIV-infected young people.
• Peer support interventions allow for the knowledge and lived expertise of younger people to directly engage with and support other adolescents and young people.
• Peer-led interventions have the potential to deliver high-quality and context-specific services to support AYPLHIV adherence, retention in care, and psychosocial and psychopharmacological well-being.
• Peer support models can also provide young peer supporters with opportunities for leadership development, capacity building and skills to lead advocacy, helping to combat the negative effects of self-stigma and peer pressure.

While health facility-based adolescent peer supporter programmes have gained recent attention as a promising scalable intervention, there is a need for operational evidence and practical examples. This analysis utilizes practical examples of peer-led interventions to examine key lessons in providing adolescent peer support in low-resource settings.

Peer supporter roles include the following responsibilities:

- Health provider, Baptist Infectious Disease Clinic, Uganda

• Provide psychosocial support and knowledge on HIV/AIDS to young people.
• Encourage peers to continue taking antiretroviral therapy (ART) and other HIV-related medicines.
• Work with peers to develop individualized care plans and encourage adherence to these plans.
• Provide ongoing monitoring and feedback to health facilities.
• Work with peers to identify and address barriers to ART adherence.
• Provide health education and support to peers on HIV/AIDS.
• Encourage peers to seek and remain in care.
• Act as peer advocates and champions for HIV/AIDS.
• Collaborate with health facility staff to improve care delivery.

Broad Lessons

Peer supporter roles have evolved over time. For example, peer supporters may serve as a peer-to-peer support for early diagnosis and engagement, or as peer educators to educate those who are still negative on preventive measures through behavioural change.

“I have a strong passion for working with young people. I acquired HIV because I was naïve and had no knowledge. I am here to teach my peers that it is possible to live healthy lives with HIV.” – Peer supporter, Baylor Malawi, Malawi

“Since REACH’s inception, PATA has monitored service delivery and aggregate patient outcomes at REACH facilities, as well as facility-specific implementation models. AYPLHIV are formally or informally engaged in service delivery and aggregate patient outcomes at REACH facilities, as well as facility-specific implementation models. AYPLHIV are formally or informally engaged in service delivery and aggregate patient outcomes at REACH facilities, as well as facility-specific implementation models. PATA’s work has systematically gathered qualitative and quantitative data from providers, peer supporters and adolescent patients.”

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• Since 2015, Paediatric-Adolescent Treatment Africa (PATFA) has implemented the REACH (Reach, Empower, Achieve, Care and Heal) program, which supports young people living with HIV age 10–14 years to take charge of their HIV service provision with professional facilitation.
• REACH is implemented in 26 health facilities across six sub-Saharan African countries.
• Each facility manages implementation according to the needs of its adolescent population, communities and national policies.
• Since REACH’s inception, PATA has maintained service delivery and aggregate patient outcomes at REACH facilities, as well as facility-specific implementation models.
• PATA has systematically gathered qualitative and quantitative data from providers, peer supporters and adolescent patients.
• The lessons drawn from these real-time analyses are presented here.

Materials and methods

Since 2015, Paediatric-Adolescent Treatment Africa (PATFA) has implemented the REACH (Reach, Empower, Achieve, Care and Heal) program, which supports young people living with HIV age 10–14 years to take charge of their HIV service provision with professional facilitation.

Steps for scale-up

- Understand the context in which REACH operate: AYPLHIV, peer supporters and providers.
- Perform a projected costing to determine operational costs for training, delivery and support. Depending on prevailing practice in terms of compensation in countries, peer supporter transport may also be compensated.
- Design a clear peer support model based on these considerations and available evidence.
- Develop a scope of work for peer supporters, which provides clear boundaries in accordance with the definition of a community peer supporter. The youth age and background are relevant.
- Peer supporter duties should include peer education, basic psychosocial and adherence counseling, recognizing signs of peer-to-peer training needs and referrals to sources of professional support. The role may also be supported by creating peer support groups and peer monitoring.
- Peer supporter should have clear role boundaries in accordance with the definition of a community peer supporter. The youth age and background are relevant.
- Source or develop tools and resource materials to support training, implementation and monitoring.
- Qualify and train: recruitment, training standards, terms of service, supervision and management.
- Provide peer-to-peer support to strengthen peer supporter and knowledge. Training should focus on harm reduction strategies and protecting and protection of health and rights. As well as counseling, group facilitation and community building is focused on achieving the following.
- Monitor and evaluate: peer supporter and knowledge. Training should focus on harm reduction strategies and protecting and protection of health and rights. As well as counseling, group facilitation and community building is focused on achieving the following.
- Monitor and evaluate: peer supporter skills.
- Develop a clear peer support model based on these considerations and available evidence.
- Source or develop tools and resource materials to support training, implementation and monitoring.
- Qualify and train: recruitment, training standards, terms of service, supervision and management.
- Provide peer-to-peer support to strengthen peer supporter and knowledge. Training should focus on harm reduction strategies and protecting and protection of health and rights. As well as counseling, group facilitation and community building is focused on achieving the following.
- Monitor and evaluate: peer supporter skills.

Conclusions

Peer supporter programmes are a critical strategy to improve adolescent-friendly health services. Young peer supporters can fulfill an important role in knowing young people living with HIV/AIDS, engaging and supporting them and promoting acceptance and support within health facilities, ensuring quality of HIV/AIDS services, and contributing to a responsive environment for improved outcomes for AYPLHIV.

References:

3. Fox M, Rosen S. Systematic review of interventions to facilitate linkage to care to support development of the adolescent peer-supported linkage to care (AYPLHIV). In all cases, the aim is to ensure a source of empathic support and share positive coping strategies.

“The presence of the peer supporters has bridged the gap between the clinic team and adolescents who did not feel comfortable discussing their experiences and challenges with adult staff but now find it convenient to discuss with their peers.”  – Healthy provider, Baptist Hospital Mutegenyi, Cameroon

“The peer supporter programmes has helped me to meet new friends at the clinic whenever we have support group meetings. It has also helped me build a lot of confidence, I would not hesitate to continue always.”  – Adolescent living with HIV, HEDES – Tanganyika Health Centre, Kenya

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